

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2093

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124
 (b) Township 1 Primary Registration District No. 3009 Registered No. 29
 (c) City 1 (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 16 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R. R. 1 Cape Girardeau, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Christian Memier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-1895
 7. AGE YEARS 45 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

13. NAME Henry Zischfeld

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 4

15. MAIDEN NAME Louise Reineke

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 4

17. INFORMANT (ADDRESS) Mrs. Chas. F. Fichte
R. R. 1 Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE Jan. 17

19. FUNERAL DIRECTOR (NAME) Quinlan & Howell (ADDRESS) Cape Girardeau, Mo.

20. FILED 1-18-1941 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 to Jan 15, 1941

First saw him alive on Jan 14, 1941. Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1-10-41

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1941

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John W. Burris, M. D.

(Address) Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.